

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019182

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

614

FILED MAY 27 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph

Length of stay in 1b

12Hrs.

c. FULL NAME OF (If NOT in hospital, give location)

Wilson Nursing Home
611 N. 11th St

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Buchanan

c. CITY OR TOWN

Faucett

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Rice

Middle

Last

Morgan

4. DATE OF DEATH

Month

5

Day

20

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐

8. DATE OF BIRTH

7-3-1878

9. AGE (last birthday)

84

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

11. BIRTHPLACE (City and state or country)

DeKalb County Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Andrew G. Morgan

13b. MOTHER'S MAIDEN NAME

Sarah Hawk

14. NAME OF HUSBAND OR WIFE

Sarelda Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Eugene Morgan

Address

Faucett Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

4 hours

DUE TO (b)

Arteriosclerosis

years

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Anemia, cause undetermined

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

NOT WHILE AT WORK ☐

WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

5-8-63

to 5-20-63

and last saw him alive on 5-19-63

Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Allen S. Herman MD

22b. ADDRESS

St. Joseph, Missouri

22c. DATE SIGNED

5-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5/21-63

23c. NAME OF CEMETERY OR CREMATORY

Union Chapel

23d. LOCATION (City, town, or county)

Helena Mo (R.F.D.)

(State)

24. FUNERAL DIRECTOR

Pilcher Funeral Home, Maysville Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

May 24, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodale

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

VS 300

Rev. 4/59

15117

25110

3

4 0

5 1

6

7 0

8 0

9332X

10

11

1286-0

13-0

DOCUMENT

BY AFFIDAVIT OF

CERTIFICATION

A. J. Herman, M.D.

Permit issued 5-21-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3969

P. O. Address Marysville MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.